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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/925,046	
	Filing Date	August 8, 2001	
	First Named Inventor	Syed Hossainy	
	Art Unit	3731	
	Examiner Name	Bradford C. Pantuck	
Total Number of Pages in This Submission		Attorney Docket Number	ACS 54307 (2256P)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTETH, LLP
Customer No.	24201
Signature	
Date	May 7, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
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Signature			

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$440.00

Complete if Known

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Examiner Name	Bradford C. Pantuck
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	3. ADDITIONAL FEES	
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Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 06-2425		Fee Code Fee (\$)	
Deposit Account Name: FULWIDER PATTON		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below		Fee Paid	
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1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1001 770		2001 385 Utility filing fee	
1002 340		2002 170 Design filing fee	
1003 530		2003 265 Plant filing fee	
1004 770		2004 385 Reissue filing fee	
1005 160		2005 80 Provisional filing fee	
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims		Fee from below	
Total Claims -20** = 0		X = 0.00	
Independent Claims -3** = 0		X = 0.00	
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1202 18		2202 9 Claims in excess of 20	
1201 86		2201 43 Independent claims in excess of 3	
1203 290		2203 145 Multiple dependent claim, if not paid	
1204 86		2204 43 ** Reissue independent claims over original patent	
1205 18		2205 9 ** Reissue claims in excess of 20 and over original patent	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David G. Parkhurst	Registration No. (Attorney/Agent)	29,422
Signature		Telephone	310-824-5555
		Date	May 7, 2004

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